



STATE OF SOUTH CAROLINA DEPARTMENT OF CONSUMER AFFAIRS

DISCLOSURE FORM RENEWAL SUPPLEMENTAL FORM A

S.C. Code Ann. § 37-7-101 through - 122.

www.sccconsumer.gov

803-734-4236

Mailing Address

P.O. Box 5757
Columbia, SC 29250-5757

Street Address

3600 Forest Drive, 3rd Floor
Columbia, SC 29204-4406

DO NOT FAX THIS FORM

(An original, signed and notarized form is required)

The following information MUST be provided on a separate form for EACH **RENEWING** MEMBER, OWNER, PARTNER, OFFICER, and DIRECTOR. This form may not be completed unless an initial Supplemental Form A was previously submitted. This form may be duplicated. Complete the form in its entirety. If any of the information on this form changes, submit a revised form to the Department. Incomplete information could result in delay or denial of the application. When completing the application, attach additional page(s) as necessary. **This form must be postmarked by December 1st.**

1. Company Name: _____ Company License Number: _____
(Applicant Organization)

2. Your Legal Name: _____
(Last) (First) (Middle)
Have you been known by any other name? ☐ YES ☐ NO If yes, state the name: _____
(Ex. Maiden name, etc.)

3. Business Relationship or Title _____ Percentage of Ownership _____

4. Resident Address: _____ How long at this address? _____
(Street)

(City)

(State)

(Zip Code)

(County)

6. Work Telephone Number: () - _____ Home Telephone Number: () - _____

7. Date of Birth: / / _____ 8. SSN: - - _____

9. Driver's License Number: _____ State and Date of Issue: _____

Mark an "X" in the Appropriate Box

If you answer "YES" to any question, attach a separate sheet giving complete details.

10. Has there been any change to your business qualifications, educational or employment backgrounds? YES NO
☐ ☐

11. Have there been any changes to Questions 12-22 of the initial Supplemental Form A? ☐ ☐

I swear or affirm and certify that I have completed and/or reviewed all information on prior forms submitted and on this form and that all information contained herein is true, current and correct. I further certify that I understand that giving false information constitutes cause for denial or revocation of the application and subjects me to criminal prosecution for perjury.

I acknowledge that I have a duty and agree to update and correct this information as it changes. Additionally, I acknowledge that pursuant to S.C. Code 37-7-101 through -122, a criminal records check may be requested.

Signature of Owner, Partner, Member, Officer, or Director

Type or Print your name and Business Relationship or Title

SWORN TO AND SUBSCRIBED before me
this _____ day of _____, 20____

Notary Public For _____
My Commission Expires: _____

The South Carolina Freedom of Information Act may require the Department of Consumer Affairs to release this form as a public record; however personal identifying information will be released only if required by law.